19-019

ORIGINAL

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

RECEIVED
MAY 17 2019
HEALTH FACILITIES & SERVICES REVIEW BOARD

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: Lockport Crossing Medical Office Building
Street Address: 1206 E. 9th St.
City and Zip Code: Lockport, IL 60441
County: Will County Health Service Area: HSA-9 Health Planning Area: A-13

Applicant(s) [Provide for each applicant (refer to Part 1130.220)]

Exact Legal Name: DuPage Medical Group, Ltd.
Street Address: 1100 West 31st Street Suite 300
City and Zip Code: Downers Grove, IL 60515
Name of Registered Agent: Jennifer Grozek
Registered Agent Street Address: 1100 West 31st Street Suite 300
Registered Agent City and Zip Code: Downers Grove, IL 60515
Name of Chief Executive Officer: Mike Pacetti
CEO Street Address: 1100 West 31st Street Suite 300
CEO City and Zip Code: Downers Grove, IL 60515
CEO Telephone Number: 630-469-9200

Type of Ownership of Applicants

- ☐ Non-profit Corporation
- ☒ For-profit Corporation
- ☐ Limited Liability Company
- ☐ Partnership
- ☐ Governmental
- ☐ Sole Proprietorship
- ☐ Other

- Corporations and limited liability companies must provide an **Illinois certificate of good standing.**
- Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.

APPEND DOCUMENTATION AS ATTACHMENT 1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Primary Contact [Person to receive ALL correspondence or inquiries]

Name: Kara Friedman
Title: Attorney
Company Name: Polsinelli PC
Address: 150 North Riverside Plaza, Suite 300, Chicago, IL 60606
Telephone Number: 312-873-3639
E-mail Address: kfriedman@polsinelli.com
Fax Number:

Additional Contact [Person who is also authorized to discuss the application for permit]

Name: Donna Cooper
Title: Chief Operating Officer
Company Name: DuPage Medical Group
Address: 1100 West 31st Street, Suite 300 Downers Grove, IL 60515
Telephone Number: 630-545-3617
E-mail Address: Donna.Cooper@Dupagemd.com
Fax Number:

Post Permit Contact

[Person to receive all correspondence subsequent to permit issuance-**THIS PERSON MUST BE EMPLOYED BY THE LICENSED HEALTH CARE FACILITY AS DEFINED AT 20 ILCS 3960]**

Name: Kara Friedman
Title: Attorney
Company Name: Polsinelli PC
Address: 150 North Riverside Plaza, Suite 3000, Chicago, IL 60606
Telephone Number: 312-873-3639
E-mail Address: kfriedman@polsinelli.com
Fax Number:

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: LCMC Associates (Property), LLC
Address of Site Owner: 40 Skokie Boulevard, Suite 410, Northbrook, IL 60062
Street Address or Legal Description of the Site: 1206 E. 9th St. Lockport, IL 60441 **Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.**
APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

[Provide this information for each applicable facility and insert after this page.]

Exact Legal Name: DuPage Medical Group, Ltd.
Address: 1100 West 31st Street, Suite 300 Downers Grove, IL 60515
☐ Non-profit Corporation ☐ Partnership ☒ For-profit Corporation ☐ Governmental ☐ Limited Liability Company ☐ Sole Proprietorship ☐ Other o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. o **Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.**
APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Organizational Relationships

Provide (for each applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.
APPEND DOCUMENTATION AS ATTACHMENT 4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Flood Plain Requirements

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2006-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements, please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at **www.FEMA.gov** or **www.illinoisfloodmaps.org**. **This map must be in a readable format**. In addition, please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2006-5 (http://www.hfsrb.illinois.gov).

APPEND DOCUMENTATION AS ATTACHMENT 5, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

Provide documentation regarding compliance with the requirements of the Historic Resources Preservation Act.

APPEND DOCUMENTATION AS ATTACHMENT 6, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

DESCRIPTION OF PROJECT

1. Project Classification

[Check those applicable - refer to Part 1110.20 and Part 1120.20(b)]

Part 1110 Classification:

☐ Substantive

☒ Non-substantive

2. Narrative Description

In the space below, provide a brief narrative description of the project. Explain **WHAT** is to be done in **State Board defined terms**, **NOT WHY** it is being done. If the project site does NOT have a street address, include a legal description of the site. Include the rationale regarding the project's classification as substantive or non-substantive.

DuPage Medical Group (the "Applicant") seeks authority to modernize the three-story outpatient medical office building located at 1206 E. 9th St. Lockport, IL 60441 to accommodate physician medical offices and exam rooms (the "Project"). The building was originally built as a medical office building in 2009 but is no longer in use. The total project cost is expected to be $19,081,237 and will be funded with cash and cash equivalents (operating lease).

The project does not have an inpatient component nor does it establish any category of service; however, it requires an expenditure in excess of the capital expenditure threshold. As such, it is classified as non-substantive.

The project will include modernization of 54,149 gross square feet of non-reviewable space.

Project Costs and Sources of Funds

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must be equal.

Project Costs and Sources of Funds			
Use of Funds	**Reviewable**	**Non-Reviewable**	**Total**
Preplanning Costs	$0	$0	$0
Site Survey and Soil Investigation	$0	$0	$0
Site Preparation	$0	$62,982	$62,982
Off Site Work	$0	$0	$0
New Construction Contracts	$0	$0	$0
Modernization Contracts	$0	$10,328,504	$10,328,504
Contingencies	$0	$100,000	$100,000
Architectural/Engineering Fees	$0	$503,000	$503,000
Consulting and Other Fees	$0	$47,250	$47,250
Movable or Other Equipment (not in construction contracts)	$0	$5,879,501	$5,879,501
Bond Issuance Expense (project related)	$0	$0	$0
Net Interest Expense During Construction (project related)	$0	$0	$0
Fair Market Value of Leased Space or Equipment	$0	$2,160,000	$2,160,000
Other Costs To Be Capitalized	$0	$0	$0
Acquisition of Building or Other Property (excluding land)	$0	$0	$0
TOTAL USES OF FUNDS	$0	$19,081,237	$19,081,237
Source of Funds	**Reviewable**	**Non-Reviewable**	**Total**
Cash and Securities	$0	$9,746,513	$9,746,513
Pledges	$0	$0	$0
Gifts and Bequests	$0	$0	$0
Bond Issues (project related)	$0	$0	$0
Mortgages	$0	$0	$0
Leases (fair market value)	$0	$9,334,724	$9,334,724
Governmental Appropriations	$0	$0	$0
Grants	$0	$0	$0
Other Funds and Sources	$0	$0	$0
TOTAL SOURCES OF FUNDS	$0	$19,081,237	$19,081,237

*$7,174,724 of the project will be funded through the operating lease as tenant improvements and the remaining construction costs and all equipment costs will be funded by cash. The value of the existing building is $2,160,000.

NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Related Project Costs
Provide the following information, as applicable, with respect to any land related to the project that will be or has been acquired during the last two calendar years:

Land acquisition is related to project ☐ Yes ☒ No
Purchase Price: $_____
Fair Market Value: $_____

The project involves the establishment of a new facility or a new category of service
☐ Yes ☒ No

If yes, provide the dollar amount of all **non-capitalized** operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.

Estimated start-up costs and operating deficit cost is $ _____.

Project Status and Completion Schedules

For facilities in which prior permits have been issued please provide the permit numbers.

Indicate the stage of the project's architectural drawings:

☐ None or not applicable ☐ Preliminary
☐ Schematics ☒ Final Working

Anticipated project completion date (refer to Part 1130.140): March 31, 2020

Indicate the following with respect to project expenditures or to financial commitments (refer to Part 1130.140):

☐ Purchase orders, leases or contracts pertaining to the project have been executed.
☐ Financial commitment is contingent upon permit issuance. Provide a copy of the contingent "certification of financial commitment" document, highlighting any language related to CON Contingencies
☒ Financial Commitment will occur after permit issuance.

APPEND DOCUMENTATION AS ATTACHMENT 8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

State Agency Submittals [Section 1130.620(c)]

Are the following submittals up to date as applicable:
☒ Cancer Registry
☒ APORS (n/a)
☒ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
☒ All reports regarding outstanding permits
Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.

Cost Space Requirements

Provide in the following format, the **Departmental Gross Square Feet (DGSF)** or the **Building Gross Square Feet (BGSF)** and cost. The type of gross square footage either **DGSF** or **BGSF** must be identified. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

		Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
Dept. / Area	**Cost**	**Existing**	**Proposed**	**New Const.**	**Modernized**	**As Is**	**Vacated Space**
REVIEWABLE							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
NON REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL							

APPEND DOCUMENTATION AS ATTACHMENT 9, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Facility Bed Capacity and Utilization

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert the chart after this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which data is available. Include observation days in the patient day totals for each bed service.** Any bed capacity discrepancy from the Inventory will result in the application being deemed **incomplete**.

FACILITY NAME:		**CITY:**			
REPORTING PERIOD DATES:		**From:**	**to:**		
Category of Service	**Authorized Beds**	**Admissions**	**Patient Days**	**Bed Changes**	**Proposed Beds**
Medical/Surgical					
Obstetrics					
Pediatrics					
Intensive Care					
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness					
Neonatal Intensive Care					
General Long Term Care					
Specialized Long Term Care					
Long Term Acute Care					
Other ((identify)					
TOTALS:					

CERTIFICATION

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:

- in the case of a corporation, any two of its officers or members of its Board of Directors;
- in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application for Permit is filed on the behalf of DuPage Medical Group, Ltd. * in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the permit application fee required for this application is sent herewith or will be paid upon request.

Donna S Cooper
SIGNATURE

Donna Cooper
PRINTED NAME

Chief Operating Officer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 6th day of May 2019

Barbara A. Pearlman
Signature of Notary

Seal BARBARA A PEARLMAN
Official Seal
Notary Public - State of Illinois
My Commission Expires Dec 26, 2019

SIGNATURE

Mike Pacetti
PRINTED NAME

Chief Financial Officer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 6th day of May 2019

Barbara A. Pearlman
Signature of Notary

Seal BARBARA A PEARLMAN
Official Seal
Notary Public - State of Illinois
My Commission Expires Dec 26, 2019

*Insert EXACT legal name of the applicant

SECTION II. DISCONTINUATION (not applicable)

This Section is applicable to the discontinuation of a health care facility maintained by a State agency.
NOTE: If the project is solely for discontinuation and if there is no project cost, the remaining Sections of the application are not applicable.

Criterion 1110.290 – Discontinuation (State-Owned Facilities and All Relocations)

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

1. Identify the categories of service and the number of beds, if any that is to be discontinued.
2. Identify all of the other clinical services that are to be discontinued.
3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued and the length of time the records will be maintained.
6. For applications involving the discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 90 days following the date of discontinuation.

REASONS FOR DISCONTINUATION

The applicant shall state the reasons for the discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.290(b) for examples.

IMPACT ON ACCESS

1. Document whether or not the discontinuation of each service or of the entire facility will have an adverse effect upon access to care for residents of the facility's market area.
2. Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those being discontinued) located within 45 minutes travel time of the applicant facility.

APPEND DOCUMENTATION AS ATTACHMENT 10, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION III. BACKGROUND, PURPOSE OF THE PROJECT, AND ALTERNATIVES - INFORMATION REQUIREMENTS

This Section is applicable to all projects except those that are solely for discontinuation with no project costs.

1110.110(a) – Background of the Applicant

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.

2. A listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility.

3. For the following questions, please provide information for each applicant, including corporate officers or directors, LLC members, partners and owners of at least 5% of the proposed facility. A health care facility is considered owned or operated by every person or entity that owns, directly or indirectly, an ownership interest.

    a. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant, directly or indirectly, during the three years prior to the filing of the application.

    b. A certified listing of each applicant, identifying those individuals that have been cited, arrested, taken into custody, charged with, indicted, convicted or tried for, or pled guilty to the commission of any felony or misdemeanor or violation of the law, except for minor parking violations; or the subject of any juvenile delinquency or youthful offender proceeding. Unless expunged, provide details about the conviction and submit any police or court records regarding any matters disclosed.

    c. A certified and detailed listing of each applicant or person charged with fraudulent conduct or any act involving moral turpitude.

    d. A certified listing of each applicant with one or more unsatisfied judgements against him or her.

    e. A certified and detailed listing of each applicant who is in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, order or directive of any court or governmental agency.

4. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**

5. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

APPEND DOCUMENTATION AS ATTACHMENT 11, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 11.

Criterion 1110.110(b) & (d)

PURPOSE OF PROJECT

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.
2. Define the planning area or market area, or other relevant area, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed as applicable and appropriate for the project.
4. Cite the sources of the documentation.
5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.
6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals **as appropriate.**

For projects involving modernization, describe the conditions being upgraded, if any. For facility projects, include statements of the age and condition of the project site, as well as regulatory citations, if any. For equipment being replaced, include repair and maintenance records.

NOTE: Information regarding the "Purpose of the Project" will be included in the State Board Staff Report.

APPEND DOCUMENTATION AS ATTACHMENT 12, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-6) MUST BE IDENTIFIED IN ATTACHMENT 12.

ALTERNATIVES

1) Identify **ALL** of the alternatives to the proposed project:

Alternative options **must** include:

A) Proposing a project of greater or lesser scope and cost;

B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;

C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and

D) Provide the reasons why the chosen alternative was selected.

2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short-term (within one to three years after project completion) and long-term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED, THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**

3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

APPEND DOCUMENTATION AS ATTACHMENT 13, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IV. PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE

Criterion 1110.120 - Project Scope, Utilization, and Unfinished/Shell Space

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive. **This must be a narrative and it shall include the basis used for determining the space and the methodology applied.**

2. If the gross square footage exceeds the BGSF/DGSF standards in Appendix B, justify the discrepancy by documenting one of the following:

    a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies and certified by the facility's Medical Director.

    b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that delineates the constraints or impediments.

    c. The project involves the conversion of existing space that results in excess square footage.

    d. Additional space is mandated by governmental or certification agency requirements that were not in existence when Appendix B standards were adopted.

Provide a narrative for any discrepancies from the State Standard. A table must be provided in the following format with Attachment 14.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	**PROPOSED BGSF/DGSF**	**STATE STANDARD**	**DIFFERENCE**	**MET STANDARD?**

APPEND DOCUMENTATION AS ATTACHMENT 14, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

PROJECT SERVICES UTILIZATION:

This criterion is applicable only to projects or portions of projects that involve services, functions or equipment for which HFSRB has established utilization standards or occupancy targets in 77 Ill. Adm. Code 1100.

Document that in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in 1110.Appendix B. **A narrative of the rationale that supports the projections must be provided.**

A table must be provided in the following format with Attachment 15.

UTILIZATION					
	DEPT./ SERVICE	**HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.**	**PROJECTED UTILIZATION**	**STATE STANDARD**	**MEET STANDARD?**
YEAR 1					
YEAR 2					

APPEND DOCUMENTATION AS ATTACHMENT 15, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

UNFINISHED OR SHELL SPACE: (Not Applicable)

Provide the following information:

1. Total gross square footage (GSF) of the proposed shell space.

2. The anticipated use of the shell space, specifying the proposed GSF to be allocated to each department, area or function.

3. Evidence that the shell space is being constructed due to:
   a. Requirements of governmental or certification agencies; or
   b. Experienced increases in the historical occupancy or utilization of those areas proposed to occupy the shell space.

4. Provide:
   a. Historical utilization for the area for the latest five-year period for which data is available; and
   b. Based upon the average annual percentage increase for that period, projections of future utilization of the area through the anticipated date when the shell space will be placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT 16, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

ASSURANCES: (Not Applicable)

Submit the following:

1. Verification that the applicant will submit to HFSRB a CON application to develop and utilize the shell space, regardless of the capital thresholds in effect at the time or the categories of service involved.

2. The estimated date by which the subsequent CON application (to develop and utilize the subject shell space) will be submitted; and

3. The anticipated date when the shell space will be completed and placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT 17, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION V. SERVICE SPECIFIC REVIEW CRITERIA (not applicable)

The following Sections DO NOT need to be addressed by the applicants or co-applicants responsible for funding or guaranteeing the funding of the project if the applicant has a bond rating of A- or better from Fitch's or Standard and Poor's rating agencies, or A3 or better from Moody's (the rating shall be affirmed within the latest 18-month period prior to the submittal of the application):

- **Section 1120.120 Availability of Funds – Review Criteria**
- **Section 1120.130 Financial Viability – Review Criteria**
- **Section 1120.140 Economic Feasibility – Review Criteria, subsection (a)**

VI. 1120.120 - AVAILABILITY OF FUNDS

The applicant shall document that financial resources shall be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources from the following sources, as applicable **[Indicate the dollar amount to be provided from the following sources]:**

_____	a)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:
		1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and
		2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
_____	b)	Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
_____	c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
_____	d)	Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including:
		1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated;
		2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate;
		3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.;
		4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment;
		5) For any option to lease, a copy of the option, including all terms and conditions.

_____	e) Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
_____	f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
_____	g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
	TOTAL FUNDS AVAILABLE

APPEND DOCUMENTATION AS ATTACHMENT 33, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION VII. 1120.130 - FINANCIAL VIABILITY

All the applicants and co-applicants shall be identified, specifying their roles in the project funding or guaranteeing the funding (sole responsibility or shared) and percentage of participation in that funding.

Financial Viability Waiver

The applicant is not required to submit financial viability ratios if:

1. "A" Bond rating or better
2. All of the projects capital expenditures are completely funded through internal sources
3. The applicant's current debt financing or projected debt financing is insured or anticipated to be insured by MBIA (Municipal Bond Insurance Association Inc.) or equivalent
4. The applicant provides a third party surety bond or performance bond letter of credit from an A rated guarantor.

See Section 1120.130 Financial Waiver for information to be provided

APPEND DOCUMENTATION AS ATTACHMENT 34, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

The applicant or co-applicant that is responsible for funding or guaranteeing funding of the project shall provide viability ratios for the latest three years for which **audited financial statements are available and for the first full fiscal year at target utilization, but no more than two years following project completion.** When the applicant's facility does not have facility specific financial statements and the facility is a member of a health care system that has combined or consolidated financial statements, the system's viability ratios shall be provided. If the health care system includes one or more hospitals, the system's viability ratios shall be evaluated for conformance with the applicable hospital standards.

	Historical 3 Years			Projected
Enter Historical and/or Projected Years:				
Current Ratio				
Net Margin Percentage				
Percent Debt to Total Capitalization				
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and applicable line item amounts from the financial statements. Complete a separate table for each co-applicant and provide worksheets for each.

Variance

Applicants not in compliance with any of the viability ratios shall document that another organization, public or private, shall assume the legal responsibility to meet the debt obligations should the applicant default.

APPEND DOCUMENTATION AS ATTACHMENT 35, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION VIII.1120.140 - ECONOMIC FEASIBILITY

This section is applicable to all projects subject to Part 1120.

A. Reasonableness of Financing Arrangements

The applicant shall document the reasonableness of financing arrangements by submitting a notarized statement signed by an authorized representative that attests to one of the following:

1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or

2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:

   A) A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or

   B) Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

B. Conditions of Debt Financing (Not Applicable)

This criterion is applicable only to projects that involve debt financing. The applicant shall document that the conditions of debt financing are reasonable by submitting a notarized statement signed by an authorized representative that attests to the following, as applicable:

1) That the selected form of debt financing for the project will be at the lowest net cost available;

2) That the selected form of debt financing will not be at the lowest net cost available, but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors;

3) That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

1. Identify each department or area impacted by the proposed project and provide a cost and square footage allocation for new construction and/or modernization using the following format (insert after this page).

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE

Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Cost/Square Foot Mod.	Gross Sq. Ft. New	Gross Sq. Ft. Circ.*	Gross Sq. Ft. Mod.	Gross Sq. Ft. Circ.*	Const. $ (A x C)	Mod. $ (B x E)	
Contingency									
TOTALS									

* Include the percentage (%) of space for circulation

D. Projected Operating Costs (Not Applicable)

The applicant shall provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion. Direct cost means the fully allocated costs of salaries, benefits and supplies for the service.

E. Total Effect of the Project on Capital Costs (Not Applicable)

The applicant shall provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year at target utilization but no more than two years following project completion.

APPEND DOCUMENTATION AS ATTACHMENT 36, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IX. SAFETY NET IMPACT STATEMENT (NOT APPLICABLE)

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL SUBSTANTIVE PROJECTS AND PROJECTS TO DISCONTINUE STATE-OWNED HEALTH CARE FACILITIES [20 ILCS 3960/5.4]:

1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.

2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.

3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

Safety Net Impact Statements shall also include all of the following:

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.

2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.

3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

A table in the following format must be provided as part of Attachment 38.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	**Year**	**Year**	**Year**
Inpatient			
Outpatient			
Total			
Charity (cost In dollars)			
Inpatient			
Outpatient			
Total			
MEDICAID			
Medicaid (# of patients)	**Year**	**Year**	**Year**
Inpatient			
Outpatient			
Total			
Medicaid (revenue)			
Inpatient			

	Outpatient			
	Total			

APPEND DOCUMENTATION AS ATTACHMENT 37, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION X. CHARITY CARE INFORMATION (NOT APPLICABLE)

Charity Care information MUST be furnished for ALL projects [1120.20(c)].

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.

2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.

3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

Charity care" means care provided by a health care facility for which the provider does not expect to receive payment from the patient or a third-party payer (20 ILCS 3960/3). Charity Care must be provided at cost.

A table in the following format must be provided for all facilities as part of Attachment 39.

CHARITY CARE			
	Year	Year	Year
Net Patient Revenue			
Amount of Charity Care (charges)			
Cost of Charity Care			

APPEND DOCUMENTATION AS ATTACHMENT 38, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

After paginating the entire completed application indicate, in the chart below, the page numbers for the included attachments:

INDEX OF ATTACHMENTS

File Number 4887-921-7

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

DU PAGE MEDICAL GROUP, LTD., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JULY 22, 1968, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 7TH *day of* DECEMBER *A.D.* 2018 .

Jesse White

SECRETARY OF STATE

Authentication # 1834102164 verifiable until 12/07/2019
Authenticate at http://www.cyberdriveillinois.com

LOCKPORT COMMONS MEDICAL OFFICE BUILDING

LEASEHOLD INTEREST OVERVIEW OF TERMS

LCMC Associates (Property), LLC, a Delaware limited liability company ("**Lessor**") is the owner of record of the real estate and associated building located at 1206 East 9th Street in Lockport, Illinois 60441 (the "**Building Premises**") as evidenced by the Deed attached hereto as Exhibit A. DuPage Medical Group, Ltd, an Illinois corporation ("**Medical Practice**") intends to occupy the Building Premises as tenant in order to provide professional medical services. The Building Premises consist of an existing three story building measuring approximately 54,149 rentable square feet.

In connection with Medical Practice's planned use and occupancy of the Building Premises, Lessor has agreed fund certain renovations to the Building Premises through a tenant improvement allowance (the "**TI Allowance**"). As consideration for receipt of the TI Allowance, Medical Practice has agreed to an adjustment of rent payable by Medical Practice as described below.

Summary of Building Premises Lease Arrangements:

- *TI Allowance:* Lessor is providing a $7,174,724.50 TI Allowance which shall be used for improvements to the Building Premises
- *Lease Rent:* $120,707.15/month ($26.75 per rentable square foot)
- *Initial Lease Term:* 246 months
- *Extension Option:* Up to four five-year extensions
-

Accepted and agreed to this 10th day of May, 2019.

DUPAGE MEDICAL GROUP, LTD.

BY: Michael V Pacelli

ITS: CFO

LCMC ASSOCIATES (PROPERTY), LLC

BY: PAUL KOPECKI

ITS: AUTHORIZED SIGNATORY

R2016022011
KAREN A. STUKEL
WILL COUNTY RECORDER
RECORDED ON
03/28/2016 2:58:17 PM
RECORDING FEES: 49.75
IL RENTAL HSNG: 9.00
CONSIDERATION: 0.00
WILL COUNTY TAX:
IL STATE TAX:
PAGES: 7
VP

8980 7784240

THIS INSTRUMENT PREPARED BY:

Quarles & Brady LLP
300 North LaSalle Street
Suite 300
Chicago, IL 60654
~~Attention~~: Mary Ann Murray, Esq.

AFTER RECORDING RETURN TO:

DLA Piper LLP (US)
203 N. LaSalle Street
Suite 1900
Chicago, IL 60601-1293
Attention: Bradley Levy, Esq.

This space reserved for Recorder's use only

SPECIAL WARRANTY DEED
(Illinois)

THIS SPECIAL WARRANTY DEED is made as of the 18th day of March, 2016, by **LCMC ASSOCIATES, LLC**, an Illinois limited liability company (the "**Grantor**"), having an address of 40 Skokie Blvd., Suite 410, Northbrook, IL 60062 and **LCMC ASSOCIATES (PROPERTY), LLC**, a Delaware limited liability company (the "**Grantee**"; the words "Grantor" and "Grantee" to include their respective heirs, legal representatives, successors, and assigns where the context requires or permits), having an address of 40 Skokie Blvd., Suite 410, Northbrook, IL 60062.

WITNESSETH

Grantor, for and in consideration of the sum of Ten Dollars ($10.00) and other valuable consideration, receipt whereof is hereby acknowledged, and pursuant to proper authority, hereby Grants, Bargains, Sells, Aliens, Remises, Releases, Conveys and Confirms unto Grantee and its successors, heirs and assigns, all right, title and interest of Grantor in the real property located in Will County of the State of Illinois legally described on Exhibit A attached hereto, and to the buildings, fixtures, and any other improvements or structures constituting real property located on or attached to said real property (together, the "**Property**");

TO HAVE AND TO HOLD the said described Property to Grantee with all and singular, the rights, privileges, appurtenances and immunities thereto belonging or in any wise appertaining unto the said Grantee and unto Grantee's heirs, successors and assigns forever, the said Grantor hereby covenanting that the premises are free and clear from any encumbrances other than the exceptions described on Exhibit B attached hereto (the "**Permitted Exceptions**"); and that Grantor will warrant and defend the title to said premises unto the said Grantee forever, against the lawful claims and demands of all persons claiming by, under or through Grantor, so

that neither Grantor nor any person or persons claiming under Grantor shall at any time, by any means or ways, have, claim or demand any right or title to the Property, or any rights thereof.

[REMAINDER OF PAGE INTENTIONALLY BLANK]

IN WITNESS WHEREOF, said Grantor has caused this instrument to be duly executed and delivered by its duly authorized officer, as of the day and year first above written.

GRANTOR:

LCMC ASSOCIATES, LLC, an Illinois limited liability company

By: _____
Name: PAUL KOPECKI
Title: Authorized Signatory

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

I Vlad Milrud, a notary public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that Paul Kopecki personally known to me to be the Authorized Signatory of LCMC ASSOCIATES, LLC, an Illinois limited liability company, and personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that as such Paul Kopecki, he/she signed and delivered the said instrument, being so authorized to do so, and as the free and voluntary act of said corporation, for the uses and purposes therein set forth.

GIVEN under my hand and official seal this 16th day of March, 2016

EXEMPT UNDER PROVISIONS OF SECTION 31-45(e) OF THE REAL ESTATE TRANSFER TAX LAW, 35 ILCS 200/31-45(c).

03/16/2016
Date

_____
Buyer, Seller, or Representative

VLAD MILRUD
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
June 18, 2019

Signature Page - Lockport Special Warranty Deed

QB38999541

EXHIBIT A

LEGAL DESCRIPTION OF THE LAND

PARCEL 1:

LOT 4 IN LOCKPORT CROSSINGS FINAL PLAT OF SUBDIVISION, A COMMERCIAL SUBDIVISION OF PART OF THE SOUTHEAST 1/4 OF SECTION 13, TOWNSHIP 36 NORTH, RANGE 10, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED OCTOBER 7, 2008 AS DOCUMENT R2008-123523, IN WILL COUNTY, ILLINOIS.

PARCEL 2:

NON-EXCLUSIVE EASEMENT APPURTANT TO AND FOR THE BENEFIT OF PARCEL 1 FOR VEHICULAR AND PEDESTRIAN INGRESS AND EGRESS AS RESERVED IN THE LOCKPORT CROSSING FINAL PLAT OF SUBDIVISION RECORDED OCTOBER 7, 2008 AS DOCUMENT R2008-123523.

Address: 1206 E. 9th Street, Lockport, Illinois

PIN: 04-13-408-019

SEND SUBSEQUENT TAX BILLS TO:

LCMC Associates (Property), LLC
c/o MedProperties, LLC
40 Skokie Blvd.
Suite 410
Northbrook, IL 60062

EXHIBIT B

PERMITTED EXCEPTIONS

1. TAXES FOR THE YEARS 2015 AND 2016.

   PERMANENT INDEX NUMBER: 04-13-408-019.

2. ASSIGNMENT OF LEASES AND RENTS RECORDED OCTOBER 21, 2013 AS DOCUMENT NO. R2013-121362 MADE BY LCMC ASSOCIATES, LLC, AN ILLINOIS LIMITED LIABILITY COMPANY TO GENERAL ELECTRIC CAPITAL CORPORATION, AS ADMINISTRATIVE AGENT FOR THE LENDERS

   ASSIGNMENT OF SECURITY INSTRUMENTS TO HEALTHCARE FINANCIAL SOLUTIONS, LLC, IN ITS CAPACITY AS ADMINISTRATIVE AGENT, RECORDED NOVEMBER 25, 2015 AS DOCUMENT R2015-102155.

   ASSIGNMENT AND ASSUMPTION AGREEMENT RECORDED 3-28-16 AS DOCUMENT NUMBER R2016022014 MADE BY AND BETWEEN LCMC ASSOCIATES, LLC, LCMC ASSOCIATES (PROPERTY), LLC, A DELAWARE LIMITED LIABILITY COMPANY, AND HEALTHCARE FINANCIAL SOLUTIONS,LLC, IN ITS CAPACITY AS ADMINISTRATIVE AGENT

3. SECURITY INTEREST OF GENERAL ELECTRIC CAPITAL CORPORATION, AS ADMINISTRATIVE AGENT, SECURED PARTY, IN CERTAIN DESCRIBED HATTELS ON THE LAND, AS DISCLOSED BY FINANCING STATEMENT NAMING LCMC ASSOCIATES, LLC AS DEBTOR AND RECORDED OCTOBER 21, 2013 AS DOCUMENT NO. R2013-121363.

   ASSIGNMENT TO HEALTHCARE FINANCIAL SOLUTIONS, LLC, IN ITS CAPACITY AS ADMINISTRATIVE AGENT, RECORDED NOVEMBER 24, 2015 AS NO. U2015-000417.

   ASSIGNMENT AND ASSUMPTION AGREEMENT RECORDED 3-28-16 AS DOCUMENT NUMBER R2016022014 MADE BY AND BETWEEN LCMC ASSOCIATES, LLC, LCMC ASSOCIATES (PROPERTY), LLC, A DELAWARE LIMITED LIABILITY COMPANY, AND HEALTHCARE FINANCIAL SOLUTIONS,LLC, IN ITS CAPACITY AS ADMINISTRATIVE AGENT

4. RIGHTS OF TENANTS IN POSSESION, AS TENANTS ONLY, WITH NO OPTIONS TO PURCHASE OR RIGHTS OF FIRST REFUSAL ASET FORTH ON THE RENT ROLL ATTACHED TO THE ALTA STATEMENT DATED MARCH 18, 2016, AND ALL RIGHTS THEREUNDER OF THE LESSEES AND OF ANY PERSON OR PARTY CLAIMING BY, THROUGH OR UNDER THE LESSEES.

5. TERMS AND PROVISIONS SET FORTH IN ANNEXATION AGREEMENT RECORDED AS DOCUMENT R95-083945, AS AMENDED BY ORDINANCE AUTHORIZING THE EXECUTION OF SAID AMENDMENT, RECORDED AUGUST 5, 2005 AS DOCUMENT R2005-133515, THERESA M. MALYSA, AND FIRST AMENDMENT TO THE ANNEXATION AGREEMENT RECORDED JULY 31, 2008 AS DOCUMENT NUMBER R2008-97706 AND THE SECOND AMENDMENT RECORDED MARCH 29, 2011 AS DOCUMENT R2011-032350.

   (AFFECTS THE LAND AND OTHER PROPERTY)

6. COVENANTS AND RESTRICTIONS (BUT OMITTING ANY SUCH COVENANT OR RESTRICTION BASED ON RACE, COLOR, RELIGION, SEX, HANDICAP, FAMILIAL STATUS OR NATIONAL ORIGIN UNLESS AND ONLY TO THE EXTENT THAT SAID COVENANT (A) IS EXEMPT UNDER CHAPTER 42, SECTION 3607 OF THE UNITED STATES CODE OR (B) RELATES TO HANDICAP BUT DOES NOT DISCRIMINATE AGAINST HANDICAPPED PERSONS), RELATING IN PART TO ASSOCIATION, ASSESSMENTS AND LIEN THEREFOR, CONTAINED IN THE DECLARATION OF PROTECTIVE COVENANTS FOR LOCKPORT CROSSINGS OWNERS ASSOCIATION RECORDED AUGUST 4, 2008 AS DOCUMENT NO. R2008-98780, AND AS AMENDED, WHICH DOES NOT CONTAIN A REVERSIONARY OR FORFEITURE CLAUSE.

   (AFFECTS THE LAND AND OTHER PROPERTY)

7. BUILDING SETBACK LINES AS SHOWN ON THE PLAT OF LOCKPORT CROSSINGS SUBDIVISION RECORDED OCTOBER 7, 2008 AS DOCUMENT R2008-123523.

   REFERENCE IS MADE TO SAID PLAT FOR EXACT LOCATIONS.

8. EASEMENT FOR PUBLIC UTILITIES, AND THE EASEMENT PROVISIONS AND GRANTEES AS SET FORTH ON THE PLAT OF LOCKPORT CROSSINGS SUBDIVISION RECORDED AS DOCUMENT R2008-123523.

   REFERENCE IS MADE TO SAID PLAT FOR EXACT LOCATIONS.

9. BLANKET EASEMENT RESERVED AND GRANTED ON THE PLAT OF LOCKPORT CROSSINGS RECORDED AS DOCUMENT R2008-123523, FOR CROSS ACCESS AND PARKING OVER AND ACROSS ALL LOTS, EXCEPT THOSE PARTS OCCUPIED OR TO BE OCCUPIED BY BUILDINGS OR OTHER STRUCTURES, FOR VEHICULAR AND PEDESTRIAN INGRESS AND EGRESS FROM SAID LOTS AND THE PUBLIC STREETS SHOWN THEREON, AND THE PROVISIONS RELATING THERETO.

   NOTATION ON THE PLAT OF SUBDIVISION OF LOCKPORT CROSSINGS SUBDIVISION RECORDED AS DOCUMENT R2008-123523, AS FOLLOWS: LOTS 7 AND 8 ARE TO BE MAINTAINED BY THE LOCKPORT CROSSINGS OWNERS ASSOCIATION

(AFFECTS PARCEL 2)

10. NOTATION ON THE PLAT OF SUBDIVISION OF LOCKPORT CROSSINGS SUBDIVISION RECORDED AS DOCUMENT R2008-123523, AS FOLLOWS:

THERE SHALL BE NO DIRECT ACCESS FROM/TO IL ROUTE 7 FROM LOTS 1, 2, 3, 4 AND 5 WITH THE EXCEPTION OF A FULL ACCESS TO IL ROUTE 7 LOCATED BETWEEN LOT 2 AND LOT 3, ALSO A RESTRICTED RIGHT-IN ONLY ACCESS TO IL ROUTE 7 LOCATED BETWEEN LOTS 4 AND 5.

11. (A) TERMS, PROVISIONS, AND CONDITIONS RELATING TO THE EASEMENT DESCRIBED AS PARCEL 2 CONTAINED IN THE INSTRUMENT CREATING SAID EASEMENT.

(B) RIGHTS OF THE ADJOINING OWNER OR OWNERS TO THE CONCURRENT USE OF SAID EASEMENT.

12. THE FOLLOWING MATTERS AS SHOWN ON THAT CERTAIN PLAT OF SURVEY BY BOCK & CLARK'S NATIONAL SURVEYORS NETWORK, BY JLH LAND SURVEYING INC., DATED FEBURARY 25, 2016, LAST REVISED MARCH 14, 2016, NETWORK PROJECT NO. 201600512.003:

ENCROACHMENT OF THE FENCE LOCATED MAINLY ON THE LAND ON TO PROPERTY EAST AND ADJOINING BY .82 FEET.

File Number 4887-921-7

STATE OF ILLINOIS
OFFICE OF
THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

DU PAGE MEDICAL GROUP, LTD., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JULY 22, 1968, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

SEAL OF THE STATE OF ILLINOIS
AUG. 26TH 1818

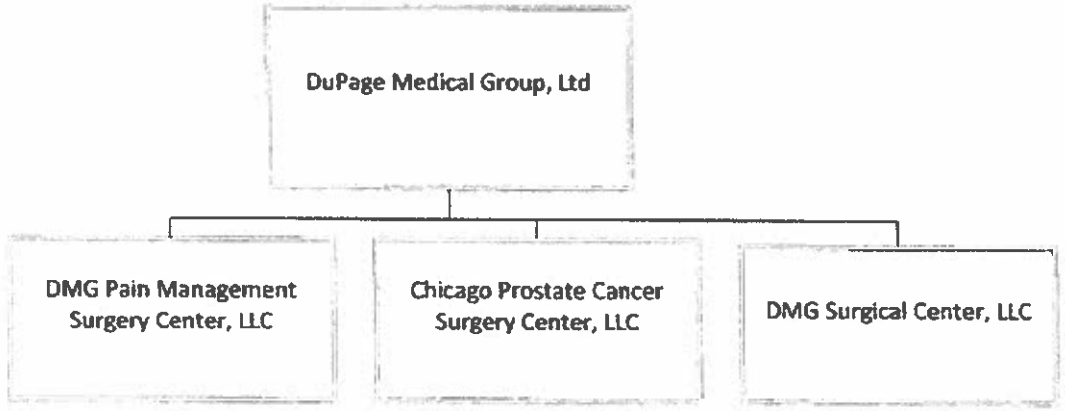
In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 7TH *day of* DECEMBER *A.D.* 2018 .

Jesse White

SECRETARY OF STATE

Authentication # 1834102164 verifiable until 12/07/2019
Authenticate at http://www.cyberdriveillinois.com

Organizational Chart



Flood Plain Requirements

The site of the proposed project complies with the requirements of Illinois Executive Order #2005-5. The medical office building is located at 1206 E. 9th St. Lockport, IL 60441. Please see the attached Flood Plain Insurance Rate Map (FIRM) documenting that the project site is not located in a Special Flood Hazard Area.

Attachment-5

FEMA
(//www.fema.gov/)

FEMA Flood Map Service Center: Search By Address

Navigation

Search

Languages

MSC Home (/portal/)

MSC Search by Address (/portal/search)

MSC Search All Products (/portal/advanceSearch)

MSC Products and Tools (/portal/resources/productsandtools)

Hazus (/portal/resources/hazus)

LOMC Batch Files (/portal/resources/lomc)

Product Availability (/portal/productAvailability)

MSC Frequently Asked Questions (FAQs) (/portal/resources/faq)

MSC Email Subscriptions (/portal/subscriptionHome)

Contact MSC Help (/portal/resources/contact)

Enter an address, place, or coordinates:

1206 E. 9th St. Lockport, IL 60441 Search

Whether you are in a high risk zone or not, you may need flood insurance (https://www.fema.gov/national-flood-insurance-program) because most homeowners insurance doesn't cover flood damage. If you live in an area with low or moderate flood risk, you are 5 times more likely to experience flood than a fire in your home over the next 30 years. For many, a National Flood Insurance Program's flood insurance policy could cost less than $400 per year. Call your insurance agent today and protect what you've built.

Learn more about steps you can take (https://www.fema.gov/what-mitigation) to reduce flood risk damage.

Search Results—Products for **LOCKPORT, CITY OF**

Show ALL Products » (https://

The flood map for the selected area is number **17197C0156G**, effective on **02/15/2019**

DYNAMIC MAP

PRINT MAP / FIRMette

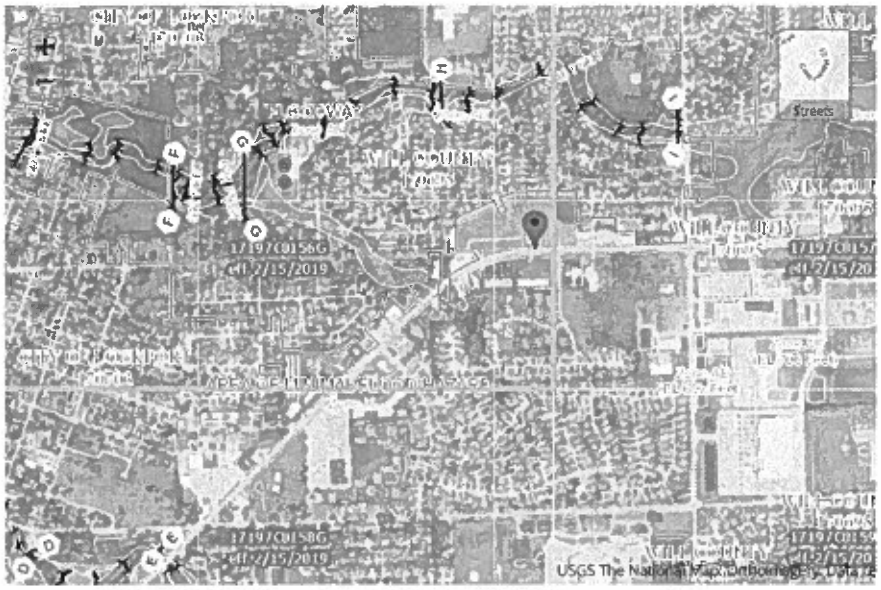
MAP IMAGE

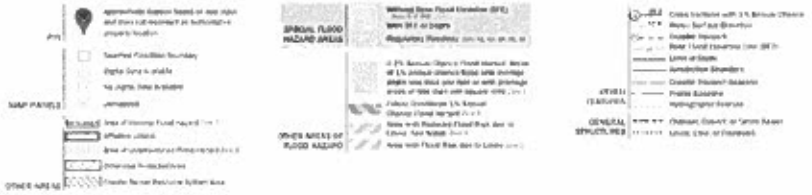
DOWNLOAD FIRM PANEL

Changes to this FIRM
Revisions (0)
Amendments (0)
Revalidations (2)
(https://msc.fema.gov/portal/downloadProduct?filepath=/17/P/Firm/17197C0156G.png&productTypeID=FINAL_PRODUCT&productS

You can choose a new flood map or move the location pin by selecting a different location on the locator map below or by entering a new location in the search field above. It may take a minute or more during peak hours to generate a dynamic FIRMette.

Go To NFHL Viewer » (https





Historic Resources Preservation Act Requirements

The Applicant has requested a Historic Preservation Act determination from the Illinois Historic Preservation Agency. Documentation that no historic, architectural or archaeological sites exist within the project site will be submitted under separate cover upon receipt.

Attachment-6

Project Costs			
Use of Funds	**Reviewable**	**Non-Reviewable**	**Total**
Preplanning Costs	**$0**	**$0**	**$0**
Site Survey and Soil Investigation	**$0**	**$0**	**$0**
Site Preparation	**$0**	**$62,982**	**$62,982**
Off Site Work	**$0**	**$0**	**$0**
New Construction Costs	**$0**	**$0**	**$0**
Modernization Contracts	**$0**	**$10,328,504**	**$10,328,504**
Contingencies	**$0**	**$100,000**	**$100,000**
Architectural/Engineering Fees	**$0**	**$503,000**	**$503,000**
Consulting and Other Fees	**$0**	**$47,250**	**$47,250**
City Permits	$0	$47,250	$47,250
Movable and Other Equipment (not in construction contracts)	**$0**	**$5,879,501**	**$5,879,501**
Equipment General	$0	$5,279,521	$5,279,521
Furniture	$0	$99,980	$99,980
IT/Telecom	$0	$500,000	$500,000
Bond Issuance Expense (Project related)	**$0**	**$0**	**$0**
Net Interest Expense During Construction (Project related)	**$0**	**$0**	**$0**
Fair Market Value of Leased Space or Equipment	**$0**	**$2,160,000**	**$2,160,000**
FMV of Building	$0	$2,160,000	$2,160,000
Other Costs to be Capitalized	**$0**	**$0**	**$0**
Acquisition of Building or Other Property (Excluding land)	**$0**	**$0**	**$0**
Total Uses of Funds	**$0**	**$19,081,237**	**$19,081,237**

2018 Levy Real Estate Tax Information

Will County Treasurer

302 N. CHICAGO ST., JOLIET, IL 60432

Permanent Index Number (PIN): 11-04-13-408-019-0000

Mailing Address	Township
LCMC ASSOCIATES PROPERTY LLC 40 SKOKIE BLVD STE 410 NORTHBROOK IL 60062	LOCKPORT

Assessed Value	Exemptions	Tif Base Value
2,160,000	0	0
Acres	**Tax Code**	**Tax Rate**
3.19	1128	9.2010

Five Year Tax Inquiry

Tax Detail Inquiry

Please be advised that ***Balance Due** is subject to change at any time.

Interest increases **1.5% per month** beginning the day after each installment due date.

Payment may be made by a taxbuyer after **09/04** on any current unpaid tax if the taxbuyer has purchased a prior years' taxes at Tax Sale.

Installment	Base Tax Amount	Interest/Cost	Total Paid	Date Paid	*BALANCE DUE
First Due: 06/04/19	99,370.80	0.00	0.00		**99,370.80**
Second Due: 09/04/19	99,370.80	0.00	0.00		**99,370.80**
Total Base Tax	**198,741.60**				

(without penalties)	

Return to Treasurer Home Page

Supervisor of Assessments - Property Search

Active CON Permits

DuPage Medical Group, Ltd. does not have any active permits.

Cost Space Requirements

The Applicant proposes to renovate a medical office building. The following is a list of equipment and construction costs by department.

		Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
Dept. / Area (list below)	**Cost**	**Existing**	**Proposed**	**New Const.**	**Modernized**	**As Is**	**Vacated Space**
Reviewable							
Total Reviewable	**$0**	**0**	**0**	**0**	**0**	**0**	**0**
Non-Reviewable							
Exam and treatment spaces	$4,734,220	15,659			15,659		
Physician offices	$260,006	860			860		
Staff Workspaces and Nurses Stations	$2,152,303	7,119			7,119		
Reception, Waiting and Registration	$1,342,355	4,440			4,440		
Storage and Supplies	$587,129	1,942			1,942		
Staff lounge and lockers	$390,009	1,290			1,290		
Toilets	$410,567	1,358			1,358		
Communication, IT, and Electrical Closets	$139,980	463			463		
Entry and circulation	$3,606,823	11,930			11,930		
Mechanical, Plumbing, Building Support	$1,592,686	5,268			5,268		
Stairs and Elevators	$656,363	2,171			2,171		
Administrative spaces and offices	$498,546	1,649			1,649		
Total Non-Reviewable	**$16,370,987**	**54,149**	**0**	**0**	**54,149**	**0**	**0**

Attachment-9

Section 1110.130 Discontinuation

The applicant does not propose the discontinuation of a health care facility or a category of service. Therefore this section is not applicable.

DuPage Medical Group
WE CARE FOR YOU
1100 W. 31st Street, Downers Grove, IL 60515 • p 630 469 9200

Richard Sewell
Vice Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

RE: Attachment 11 - Background of Applicant

Dear Vice Chair Sewell:

The following information addresses the four points of the subject criterion 1110.230:

1. The health care facilities owned or operated by DuPage Medical Group include:

   Chicago Prostate Surgery Center, LLC
   License Identification Number: 7003098
   Accreditation Identification Number: TJC 293933

   DMG Pain Management Surgery Center, LLC
   License Identification Number: 7003162
   Accreditation Identification Number: AAAHC 95139

   DMG Surgical Center, LLC
   License Identification Number: 7003023
   Accreditation Identification Number: AAAHC 68951

2. Proof of current licensure and accreditation is attached.

3. There have been no adverse actions taken against the health care facilities owned or operated by the applicant during the three years prior to the filing of this application.

4. This letter serves as authorization permitting the State Board and Agency access to information in order to verify any documentation or information submitted in response to the requirements of this subsection or to obtain any documentation or information which the State Board or Agency finds pertinent to this subsection.

Sincerely,

Michael V. Pacetti
DuPage Medical Group, Ltd.
Attachments

Notarization:

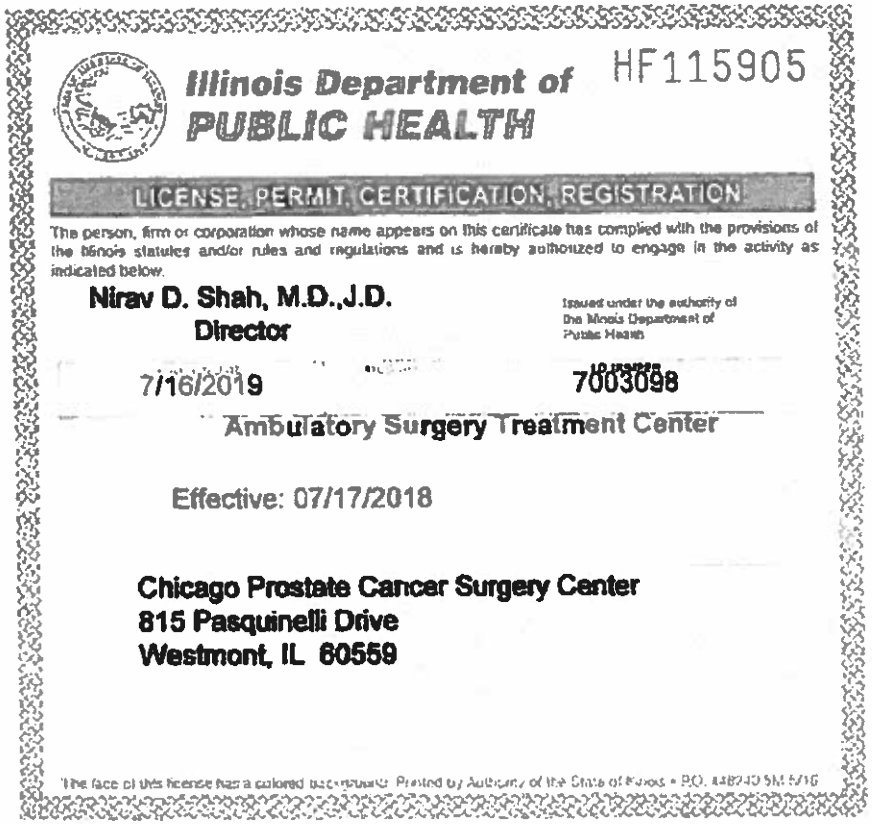
Subscribed and sworn to before
me this 6th day of May 2019

Barbara A. Pearlman

Signature of Notary

seal

BARBARA A PEARLMAN
Official Seal
Notary Public - State of Illinois
My Commission Expires Dec 26, 2019



Illinois Department of PUBLIC HEALTH

HF115905

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

Nirav D. Shah, M.D.,J.D.
Director

Issued under the authority of the Illinois Department of Public Health

7/16/2019

7003098

Ambulatory Surgery Treatment Center

Effective: 07/17/2018

Chicago Prostate Cancer Surgery Center
815 Pasquinelli Drive
Westmont, IL 60559

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #38745 5M 5/16

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 7/16/2019

Lic Number 7003098

Date Printed 5/16/2018

Validation Num 31214

Chicago Prostate Cancer Surgery Cen

815 Pasquinelli Drive
Westmont, IL 60559

FEE RECEIPT NO.

Attachment - 11A

The Joint Commission

June 25, 2018

Re: # 293933
CCN: #14C0001126
Program: Ambulatory Surgical Center
Accreditation Expiration Date: March 16, 2021

Brian J. Moran
Chief Executive Officer
Chicago Prostate Cancer Surgery Center
815 Pasquinelli Drive
Westmont, Illinois 60559

Dear Dr. Moran:

This letter confirms that your March 13, 2018 - March 15, 2018 unannounced full resurvey was conducted for the purposes of assessing compliance with the Medicare conditions for ambulatory surgical centers through The Joint Commission's deemed status survey process.

Based upon the submission of your evidence of standards compliance on May 30, 2018 and June 06, 2018, The Joint Commission is granting your organization an accreditation decision of Accredited with an effective date of March 16, 2018.

The Joint Commission is also recommending your organization for continued Medicare certification effective March 16, 2018. Please note that the Centers for Medicare and Medicaid Services (CMS) Regional Office (RO) makes the final determination regarding your Medicare participation and the effective date of participation in accordance with the regulations at 42 CFR 489.13. Your organization is encouraged to share a copy of this Medicare recommendation letter with your State Survey Agency.

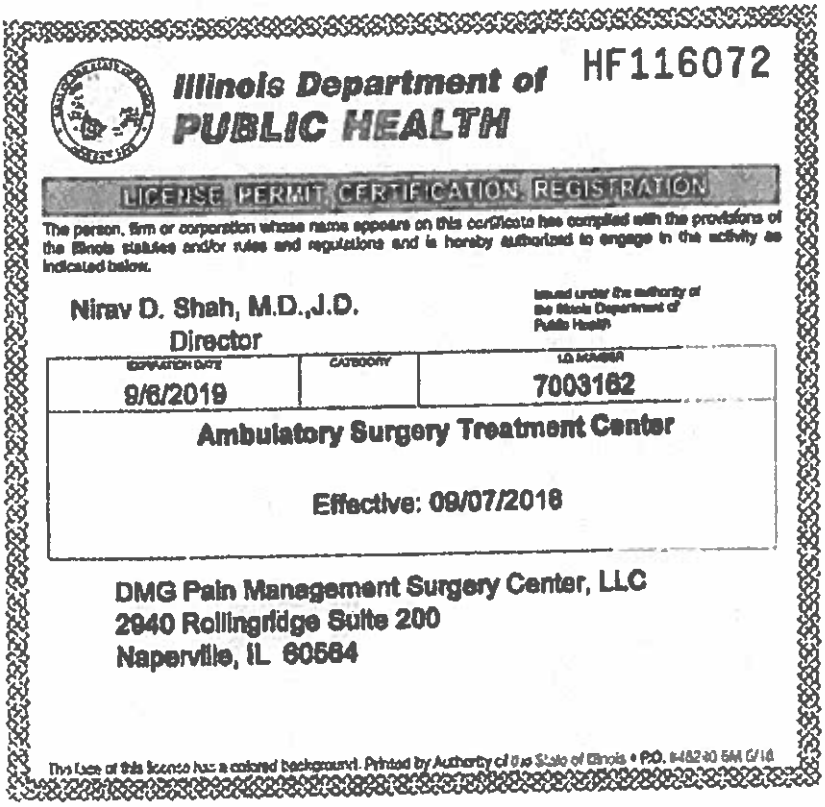
This recommendation applies to the following location:

Chicago Prostate Cancer Surgery Center
d/b/a Chicago Prostate Surgery Center
815 Pasquinelli Drive, Westmont, IL, 60559

Please be assured that The Joint Commission will keep the report confidential, except as required by law or court order. To ensure that The Joint Commission's information about your organization is always accurate and current, our policy requires that you inform us of any changes in the name or ownership of your organization or the health care services you provide.

Sincerely,

Mark Pelletier



HF116072

Illinois Department of PUBLIC HEALTH

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

Nirav D. Shah, M.D.,J.D.
Director

Issued under the authority of the Illinois Department of Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
9/6/2019		7003162

Ambulatory Surgery Treatment Center

Effective: 09/07/2018

DMG Pain Management Surgery Center, LLC
2940 Rollingridge Suite 200
Naperville, IL 60564

This face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #48240 5M 6/16

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 9/6/2019

Lic Number 7003162

Date Printed 6/13/2018

DMG Pain Management Surgery Cent

2940 Rollingridge Suite 200
Naperville, IL 60564

FEE RECEIPT NO.

Attachment - 11A

AAAHC

ACCREDITATION ASSOCIATION
for AMBULATORY HEALTH CARE, INC.

ACCREDITATION NOTIFICATION

January 7, 2019

Organization #	95139	**Program Type**	Ambulatory Surgery Center
Decision Recipient	Mrs. Kristina Sharkey	**CCN**	14C0001149
Organization Name	DMG Pain Management Surgery Center		
Address	2940 Rollingridge Road, Suite 200		
City | State | Zip	Naperville	IL	60564-4226

Dear DMG Pain Management Surgery Center,

As an ambulatory surgery center (ASC) that has undergone the AAAHC/Medicare Deemed Status Survey, your ASC has demonstrated its compliance with the AAAHC Standards and all Medicare Conditions for Coverage (CfC).

Survey Date	10/23/2018-10/24/2018	**Deficiency Level**	Condition
Type of Survey	Re-accreditation/Medicare Deemed Status	**Condition-level CFR citation(s)**	416.44 Environment
Acceptable PoC Received	12/1/2018	**Correction Method**	Document Review, Self Attestation, Plan of Action, Follow up Survey

Survey Date	1/23/2019	**Deficiency Level**	None
Type of Survey	**Medicare Follow-up**		

Congratulations!

The AAAHC Accreditation Committee recommends your ASC for participation in the Medicare Deemed Status program. The Centers for Medicare and Medicaid Services (CMS) has the final authority to determine participation and effective dates in Medicare Deemed Status in accordance with the regulations at 42 CFR 489.13.

Accreditation Type Full Accreditation **Recommend Medicare Deemed Status** Yes

Accreditation Term Begins 11/23/2018 **Accreditation Term Expires** 11/22/2021

Special CC: CMS CO - Baltimore
CMS RO V - Chicago

Accreditation Renewal Code: 470DF82495139 **QI Study Code:** 95139FREEIQI

Attachment – 11A

Next Steps

1. Leadership and staff of your ASC should take time to thoroughly review your Survey Report and Plan of Correction (PoC).
   - Subsequent surveys by AAAHC will seek evidence that deficiencies from this survey were addressed within the timeframes of your PoC.
   - The Summary Table provides an overview of compliance for each chapter applicable to your organization.
2. AAAHC requires **notification of any changes** within your organization in accordance with policies and procedures in the front section of the *Accreditation Handbook*. Visit the AAAHC website "I want to" section and select "Notify AAAHC of a change in my organization" and follow instructions.
3. AAAHC Standards, policies and procedures are reviewed and revised on an ongoing basis. You are invited to participate in the review through the periodic public comment process. Your organization will be notified when the proposed changes are available for review. You may also check the AAAHC website for details.
4. Accredited ASCs are required to maintain operations in compliance with the current AAAHC policies and Standards, which include the CMS Conditions for Coverage. Updates are published in the AAAHC *Handbooks*. Any mid-year updates are announced and posted to the AAAHC website, www.aaahc.org.
5. In order to ensure uninterrupted accreditation, your ASC should submit the *Application for Survey* approximately five months prior to the expiration of your term of accreditation. In states for which accreditation is mandated by law, the *Application* should be submitted six months in advance to ensure adequate time for review and scheduling the survey.
   NOTE: You will need the Accreditation Renewal Code found above to submit your renewal application.

Additional Information

The complimentary AAAHC Institute QI study participation code on the first page of this document may be used to register for one six-month, AAAHC Institute for Quality Improvement benchmarking study. Please visit www.aaahc.org/institute for more information.

Throughout your term of accreditation, AAAHC will communicate announcements via e-mail to the primary contact for your organization. Please be sure to notify us (notifyeast@aaahc.org) should this individual or his/her contact information change.

If you have questions or comments about the accreditation process, please contact AAAHC Accreditation Services at 847.853.6060. We look forward to continuing to partner with you to deliver safe, high-quality health care.

HF116455

Illinois Department of PUBLIC HEALTH

LICENSE/PERMIT/CERTIFICATION/REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below

Nirav D. Shah, M.D.,J.D.
Director

Issued under the authority of the Illinois Department of Public Health

EXPIRATION DATE	AMOUNT	NUMBER
9/9/2019		7003023

Ambulatory Surgery Treatment Center

Effective: 09/10/2018

DMG Surgical Center, LLC
2725 S Technology Drive
Lombard, IL 60148

The face of this license has a colored background. Printed by Authority of the State of Illinois • PO 348240 5M 6/18

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 9/9/2019

Lic Number 7003023

Date Printed 8/14/2018

DMG Surgical Center, LLC

2725 S Technology Drive
Lombard, IL 60148-5675

FEE RECEIPT NO.

ACCREDITATION ASSOCIATION *for* AMBULATORY HEALTH CARE, INC.

ACCREDITATION NOTIFICATION

November 1, 2018

Organization #	68951		
Organization Name	DMG Surgical Center, LLC dba Surgical Center of DuPage Medical Group		
Address	2725 S Technology Drive		
City | State | Zip	Lombard	IL	60148-5675
Decision Recipient	Mr. Alex Andrade		
Survey Date	10/4/2018-10/5/2018	**Type of Survey**	Re-Accreditation
Accreditation Type	Full Accreditation		
Accreditation Term Begins	11/2/2018	**Accreditation Term Expires**	11/1/2021
Accreditation Renewal Code		EF42FCFC68951	
Complimentary AAAHC Institute study participation code		68951FREEIQI	

As an ambulatory health care organization that has undergone the AAAHC Accreditation Survey, your organization has demonstrated its substantial compliance with AAAHC Standards. The AAAHC Accreditation Committee recommends your organization for accreditation.

Next Steps

1. Members of your organization should take time to thoroughly review your Survey Report.
   - Any standard rated less than "FC" (Fully Compliant) must be corrected promptly. Subsequent surveys by AAAHC will seek evidence that deficiencies from this survey were addressed without delay.
   - The Summary Table provides an overview of compliance for each chapter applicable to your organization.
2. AAAHC Standards, policies and procedures are reviewed and revised annually. You are invited to participate in the review through the public comment process each fall. Your organization will be notified when the proposed changes are available for review. You may also check the AAAHC website in late summer for details.
3. Accredited organizations are required to maintain operations in compliance with the current AAAHC Standards and policies. Updates are published annually in the AAAHC *Handbooks*. Mid-year updates are announced and posted to the AAAHC website, www.aaahc.org.

4. In order to ensure uninterrupted accreditation, your organization should submit the *Application for Survey* approximately five months prior to the expiration of your term of accreditation. In states for which accreditation is mandated by law, the *Application* should be submitted six months in advance to ensure adequate time for scoping and scheduling the survey.

   NOTE: You will need the Accreditation Renewal Code found in the table at the beginning of this document to submit your renewal application.

Additional Information

The complimentary AAAHC Institute study participation code on the first page of this document may be used to register for one six-month, AAAHC Institute for Quality Improvement benchmarking study. Please visit www.aaahc.org/institute for more information.

Throughout your term of accreditation, AAAHC will communicate announcements via e-mail to the primary contact for your organization. Please be sure to notify us (notifyeast@aaahc.org) should this individual or his/her contact information change.

If you have questions or comments about the accreditation process, please contact AAAHC Accreditation Services at 847.853.6060. We look forward to continuing to partner with you to deliver safe, high-quality health care.

Section III, Purpose of the Project, and Alternatives – Information Requirements

Purpose of Project

As a physician-based practice, there are no review standards or criteria for the space to be occupied by DuPage Medical Group (DMG).

1. **Document that the Project will provide health care services that improve the health care or well-being of the market area population to be served.**

   Founded in 1999, DMG is the largest independent, multi-specialty physician group with more than 700 physicians in over 100 suburban Chicago locations. DMG is a patient-centered organization focused on improving access to convenient, quality healthcare using the latest technology and treatment options

   The Applicant proposes to modernize space within a medical office building (MOB). The purpose of this project is to improve access to quality, coordinated, efficient and cost effective services for the residents of Lockport and surrounding areas. The Lockport Crossing MOB project will provide office space for additional physicians and midlevel providers to ensure the availability of healthcare services as care shifts to the outpatient setting. It will also allow DMG to better serve patients residing in Lockport and surrounding communities since DMG does not currently have physician offices in Lockport. The Project will improve access in Lockport and surrounding areas to primary and specialty physician care. Access to these services is essential to the overall well-being of the communities DMG serves, particularly in light of the aging population and the co-morbidities associated with that shifting age cohort.

2. **Define the planning area or market area, or other, per the applicant's definition.**

   It is anticipated that the majority of the patients using the proposed MOB will reside within 10 miles of the facility. A list of all zip codes located, in total or in part, within 10 miles of the site is provided below:

ZIP	Name
60431	Joliet
60404	Shorewood
60586	Plainfield
60544	Plainfield
60585	Plainfield
60564	Naperville
60490	Bolingbrook
60440	Bolingbrook
60565	Naperville
60517	Woodridge
60439	Lemont
60446	Romeoville
60441	Lockport

60403	Crest Hill
60435	Joliet
60432	Joliet
60436	Joliet
60433	Joliet
60421	Elwood
60451	New Lenox
60442	Manhattan
60448	Mokena
60491	Homer Glen
60467	Orland Park
60464	Palos Park
60527	Willowbrook
60561	Darien
60516	Downers Grove
60462	Orland Park
60487	Tinley Park
60480	Willow Springs
60423	Frankfort

3. **Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the Project.**

Demand for physician services in the United States has grown substantially over the past two decades due to the nation's expanding and aging population and improving insurance coverage. This growth has led DMG to significantly expand its compliment of providers and number of locations over the past several years. Even so, DMG is currently at capacity at its Joliet and Tinley Park MOBs, the two sites nearest to the proposed Lockport site. To address existing demand and allow for anticipated growth among the services that will occupy the proposed clinic, DMG must add office space to accommodate additional providers.

Further, although Lockport and surrounding areas are in DMG's service area, DMG does not offices in Lockport. Instead, DMG patients from market area are currently traveling to Tinley Park and Joliet to obtain care. By adding the proposed MOB, DMG will allow patients to obtain care closer to home.

4. **Cite the sources of the information provided as documentation.**

The proposed MOB takes into account multiple external sources that demonstrate historical and anticipated growth in demand for outpatient physician services. It was also informed by analysis of internal documents.

5. **Detail how the Project will address or improve the previously referenced issues as well as the population's health status and well-being.**

As discussed in greater detail above, the proposed MOB will allow the Applicant to improve access to care for residents of Lockport and surrounding areas.

6. **Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals as appropriate.**

The goal of the proposed MOB is to provide contemporary and easily accessible office space for DMG providers. Upon the opening of the MOB, that goal, as it relates to the market area identified above, will be met.

Alternatives to the Proposed Project

The Applicant proposes to modernize space within an unused medical office building. The Applicant believes that the proposed project is the most effective and least costly alternative to the other alternatives considered when balancing access and quality with costs. The following narrative consists of a comparison of the proposed project to alternative options.

The applicant has considered the following alternatives:

A) Project of Lesser Scope: Do Nothing ($0)

This option would not alleviate the capacity issues DMG faces at its Tinley Park and Joliet MOBs. Further, it would not address the growing demand for services in the area and would not allow DMG to serve residents of Lockport and surrounding areas closer to home.

Under this option, patient access and patient satisfaction would be adversely affected. For these reasons, this alternative was rejected.

B) Modernize the Existing Lockport Crossing MOB (Proposed). ($19,081,237)

The Applicant ultimately decided to modernize an existing MOB. The chosen option will provide additional medical office space in a cost effective manner. It will also allow DMG to serve existing patients closer to home.

For all of these reasons, this option is the one chosen for the proposed project.

Size of Project

This space criterion is applicable only to projects that involve hospital spaces under licensure of the Illinois Hospital Licensing Act for which standards are set pursuant to Appendix B of Part 1110 of the Illinois Health Facilities and Services Review Board rules. This building will consist of non-hospital affiliated physician offices and none of the spaces will be under a hospital license (nor will they include long-term care, ICF/DD Facilities, ASTC, Dialysis or Freestanding Emergency Center space). Accordingly, all of this space is non-reviewable and this criterion is not applicable.

Project Services Utilization

This utilization criterion is applicable only to projects that involve hospital services under licensure of the Illinois Hospital Licensing Act for which standards are set pursuant to Appendix B of Part 1110 of the Illinois Health Facilities and Services Review Board rules. This building will consist of non-hospital affiliated physician offices and none of the spaces will be under a hospital license (nor will they include long-term care, ICF/DD Facilities, ASTC, Dialysis or Freestanding Emergency Center space). Accordingly, all of these services are non-reviewable and this criterion is not applicable.

Unfinished or Shell Space

The proposed project does not entail unfinished or shell space, so this section is not applicable.

Section VII Service Specific Review Criteria

This is project does not involve any of the following services. Therefore the associated sections are not applicable.

- Medical/Surgical, Obstetric, Pediatric and Intensive Care
- Comprehensive Physical Rehabilitation
- Acute Mental Illness and Chronic Mental Illness
- Open Heart Surgery
- Cardiac Catheterization
- In-Center Hemodialysis
- Non-Hospital Based Ambulatory Surgery
- Selected Organ Transplantation
- Kidney Transplantation
- Subacute Care Hospital Model
- Community-Based Residential Rehabilitation Center
- Long Term Acute Care Hospital
- Clinical Service Areas Other than Categories of Service

Section 1120.120 Availability of Funds

The project will be funded (1) through tenant improvements provided by the property owner for building renovation (see Attachment- 33A) and (ii) with internal resources (DuPage Medical Group cash on hand) as documented in the Bank of America letter dated May 10, 2019 (see Attachment- 33B).

LOCKPORT COMMONS MEDICAL OFFICE BUILDING

LEASEHOLD INTEREST OVERVIEW OF TERMS

LCMC Associates (Property), LLC, a Delaware limited liability company ("**Lessor**") is the owner of record of the real estate and associated building located at 1206 East 9th Street in Lockport, Illinois 60441 (the "**Building Premises**") as evidenced by the Deed attached hereto as Exhibit A. DuPage Medical Group, Ltd, an Illinois corporation ("**Medical Practice**") intends to occupy the Building Premises as tenant in order to provide professional medical services. The Building Premises consist of an existing three story building measuring approximately 54,149 rentable square feet.

In connection with Medical Practice's planned use and occupancy of the Building Premises, Lessor has agreed fund certain renovations to the Building Premises through a tenant improvement allowance (the "**TI Allowance**"). As consideration for receipt of the TI Allowance, Medical Practice has agreed to an adjustment of rent payable by Medical Practice as described below.

Summary of Building Premises Lease Arrangements:

- *TI Allowance:* Lessor is providing a $7,174,724.50 TI Allowance which shall be used for improvements to the Building Premises
- *Lease Rent:* $120,707.15/month ($26.75 per rentable square foot)
- *Initial Lease Term:* 246 months
- *Extension Option:* Up to four five-year extensions
-

Accepted and agreed to this 10th day of May, 2019.

DUPAGE MEDICAL GROUP, LTD.

BY: Michael V Pacelli
ITS: CFO

LCMC ASSOCIATES (PROPERTY), LLC

BY: PAUL KAPELKI
ITS: AUTHORIZED SIGNATORY

R2016022011
KAREN A. STUKEL
WILL COUNTY RECORDER
RECORDED ON
03/28/2016 2:58:17 PM
RECORDING FEES: 49.75
IL RENTAL HSNG: 9.00
CONSIDERATION: 0.00
WILL COUNTY TAX:
IL STATE TAX:
PAGES: 7
VP

THIS INSTRUMENT PREPARED BY:

Quarles & Brady LLP
300 North LaSalle Street
Suite 300
Chicago, IL 60654
Attention: Mary Ann Murray, Esq.

AFTER RECORDING RETURN TO:

DLA Piper LLP (US)
203 N. LaSalle Street
Suite 1900
Chicago, IL 60601-1293
Attention: Bradley Levy, Esq.

This space reserved for Recorder's use only

SPECIAL WARRANTY DEED
(Illinois)

THIS SPECIAL WARRANTY DEED is made as of the 18th day of March, 2016, by **LCMC ASSOCIATES, LLC**, an Illinois limited liability company (the "**Grantor**"), having an address of 40 Skokie Blvd., Suite 410, Northbrook, IL 60062 and **LCMC ASSOCIATES (PROPERTY), LLC**, a Delaware limited liability company (the "**Grantee**"; the words "Grantor" and "Grantee" to include their respective heirs, legal representatives, successors, and assigns where the context requires or permits), having an address of 40 Skokie Blvd., Suite 410, Northbrook, IL 60062.

WITNESSETH

Grantor, for and in consideration of the sum of Ten Dollars ($10.00) and other valuable consideration, receipt whereof is hereby acknowledged, and pursuant to proper authority, hereby Grants, Bargains, Sells, Aliens, Remises, Releases, Conveys and Confirms unto Grantee and its successors, heirs and assigns, all right, title and interest of Grantor in the real property located in Will County of the State of Illinois legally described on Exhibit A attached hereto, and to the buildings, fixtures, and any other improvements or structures constituting real property located on or attached to said real property (together, the "**Property**");

TO HAVE AND TO HOLD the said described Property to Grantee with all and singular, the rights, privileges, appurtenances and immunities thereto belonging or in any wise appertaining unto the said Grantee and unto Grantee's heirs, successors and assigns forever, the said Grantor hereby covenanting that the premises are free and clear from any encumbrances other than the exceptions described on Exhibit B attached hereto (the "**Permitted Exceptions**"); and that Grantor will warrant and defend the title to said premises unto the said Grantee forever, against the lawful claims and demands of all persons claiming by, under or through Grantor, so

that neither Grantor nor any person or persons claiming under Grantor shall at any time, by any means or ways, have, claim or demand any right or title to the Property, or any rights thereof.

[REMAINDER OF PAGE INTENTIONALLY BLANK]

IN WITNESS WHEREOF, said Grantor has caused this instrument to be duly executed and delivered by its duly authorized officer, as of the day and year first above written.

GRANTOR:

LCMC ASSOCIATES, LLC, an Illinois limited liability company

By: _____
Name: Paul Kopecki
Title: Authorized Signatory

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

I _____, a notary public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that Paul Kopecki personally known to me to be the Authorized Signatory of LCMC ASSOCIATES, LLC, an Illinois limited liability company, and personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that as such Paul Kopecki, he/she signed and delivered the said instrument, being so authorized to do so, and as the free and voluntary act of said corporation, for the uses and purposes therein set forth.

GIVEN under my hand and official seal this 16th day of March, 2016

EXEMPT UNDER PROVISIONS OF SECTION 31-45(e) OF THE REAL ESTATE TRANSFER TAX LAW, 35 ILCS 200/31-45(e).

03/16/2016
Date

_____
Buyer, Seller, or Representative

VLAD MILRUD
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
June 18, 2019

Signature Page - Lockport Special Warranty Deed

QB\38999541

EXHIBIT A

LEGAL DESCRIPTION OF THE LAND

PARCEL 1:

LOT 4 IN LOCKPORT CROSSINGS FINAL PLAT OF SUBDIVISION, A COMMERCIAL SUBDIVISION OF PART OF THE SOUTHEAST 1/4 OF SECTION 13, TOWNSHIP 36 NORTH, RANGE 10, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED OCTOBER 7, 2008 AS DOCUMENT R2008-123523, IN WILL COUNTY, ILLINOIS.

PARCEL 2:

NON-EXCLUSIVE EASEMENT APPURTANT TO AND FOR THE BENEFIT OF PARCEL 1 FOR VEHICULAR AND PEDESTRIAN INGRESS AND EGRESS AS RESERVED IN THE LOCKPORT CROSSING FINAL PLAT OF SUBDIVISION RECORDED OCTOBER 7, 2008 AS DOCUMENT R2008-123523.

Address: 1206 E. 9th Street, Lockport, Illinois

PIN: 04-13-408-019

SEND SUBSEQUENT TAX BILLS TO:

LCMC Associates (Property), LLC
c/o MedProperties, LLC
40 Skokie Blvd.
Suite 410
Northbrook, IL 60062

EXHIBIT B

PERMITTED EXCEPTIONS

1. TAXES FOR THE YEARS 2015 AND 2016.

   PERMANENT INDEX NUMBER: 04-13-408-019.

2. ASSIGNMENT OF LEASES AND RENTS RECORDED OCTOBER 21, 2013 AS DOCUMENT NO. R2013-121362 MADE BY LCMC ASSOCIATES, LLC, AN ILLINOIS LIMITED LIABILITY COMPANY TO GENERAL ELECTRIC CAPITAL CORPORATION, AS ADMINISTRATIVE AGENT FOR THE LENDERS

   ASSIGNMENT OF SECURITY INSTRUMENTS TO HEALTHCARE FINANCIAL SOLUTIONS, LLC, IN ITS CAPACITY AS ADMINISTRATIVE AGENT, RECORDED NOVEMBER 25, 2015 AS DOCUMENT R2015-102155.

   ASSIGNMENT AND ASSUMPTION AGREEMENT RECORDED 3-29-16 AS DOCUMENT NUMBER R2016 022014 MADE BY AND BETWEEN LCMC ASSOCIATES, LLC, LCMC ASSOCIATES (PROPERTY), LLC, A DELAWARE LIMITED LIABILITY COMPANY, AND HEALTHCARE FINANCIAL SOLUTIONS,LLC, IN ITS CAPACITY AS ADMINISTRATIVE AGENT

3. SECURITY INTEREST OF GENERAL ELECTRIC CAPITAL CORPORATION, AS ADMINISTRATIVE AGENT, SECURED PARTY, IN CERTAIN DESCRIBED HATTELS ON THE LAND, AS DISCLOSED BY FINANCING STATEMENT NAMING LCMC ASSOCIATES, LLC AS DEBTOR AND RECORDED OCTOBER 21, 2013 AS DOCUMENT NO. R2013-121363.

   ASSIGNMENT TO HEALTHCARE FINANCIAL SOLUTIONS, LLC, IN ITS CAPACITY AS ADMINISTRATIVE AGENT, RECORDED NOVEMBER 24, 2015 AS NO. U2015-000417.

   ASSIGNMENT AND ASSUMPTION AGREEMENT RECORDED 3-29-16 AS DOCUMENT NUMBER R2016 022014 MADE BY AND BETWEEN LCMC ASSOCIATES, LLC, LCMC ASSOCIATES (PROPERTY), LLC, A DELAWARE LIMITED LIABILITY COMPANY, AND HEALTHCARE FINANCIAL SOLUTIONS,LLC, IN ITS CAPACITY AS ADMINISTRATIVE AGENT

4. RIGHTS OF TENANTS IN POSSESION, AS TENANTS ONLY, WITH NO OPTIONS TO PURCHASE OR RIGHTS OF FIRST REFUSAL ASET FORTH ON THE RENT ROLL ATTACHED TO THE ALTA STATEMENT DATED MARCH 18, 2016, AND ALL RIGHTS THEREUNDER OF THE LESSEES AND OF ANY PERSON OR PARTY CLAIMING BY, THROUGH OR UNDER THE LESSEES.

5. TERMS AND PROVISIONS SET FORTH IN ANNEXATION AGREEMENT RECORDED AS DOCUMENT R95-083945, AS AMENDED BY ORDINANCE AUTHORIZING THE EXECUTION OF SAID AMENDMENT, RECORDED AUGUST 5, 2005 AS DOCUMENT R2005-133515, THERESA M. MALYSA, AND FIRST AMENDMENT TO THE ANNEXATION AGREEMENT RECORDED JULY 31, 2008 AS DOCUMENT NUMBER R2008-97706 AND THE SECOND AMENDMENT RECORDED MARCH 29, 2011 AS DOCUMENT R2011-032350.

   (AFFECTS THE LAND AND OTHER PROPERTY)

6. COVENANTS AND RESTRICTIONS (BUT OMITTING ANY SUCH COVENANT OR RESTRICTION BASED ON RACE, COLOR, RELIGION, SEX, HANDICAP, FAMILIAL STATUS OR NATIONAL ORIGIN UNLESS AND ONLY TO THE EXTENT THAT SAID COVENANT (A) IS EXEMPT UNDER CHAPTER 42, SECTION 3607 OF THE UNITED STATES CODE OR (B) RELATES TO HANDICAP BUT DOES NOT DISCRIMINATE AGAINST HANDICAPPED PERSONS), RELATING IN PART TO ASSOCIATION, ASSESSMENTS AND LIEN THEREFOR, CONTAINED IN THE DECLARATION OF PROTECTIVE COVENANTS FOR LOCKPORT CROSSINGS OWNERS ASSOCIATION RECORDED AUGUST 4, 2008 AS DOCUMENT NO. R2008-98780, AND AS AMENDED, WHICH DOES NOT CONTAIN A REVERSIONARY OR FORFEITURE CLAUSE.

   (AFFECTS THE LAND AND OTHER PROPERTY)

7. BUILDING SETBACK LINES AS SHOWN ON THE PLAT OF LOCKPORT CROSSINGS SUBDIVISION RECORDED OCTOBER 7, 2008 AS DOCUMENT R2008-123523.

   REFERENCE IS MADE TO SAID PLAT FOR EXACT LOCATIONS.

8. EASEMENT FOR PUBLIC UTILTIES, AND THE EASEMENT PROVISIONS AND GRANTEES AS SET FORTH ON THE PLAT OF LOCKPORT CROSSINGS SUBDIVISION RECORDED AS DOCUMENT R2008-123523.

   REFERENCE IS MADE TO SAID PLAT FOR EXACT LOCATIONS.

9. BLANKET EASEMENT RESERVED AND GRANTED ON THE PLAT OF LOCKPORT CROSSINGS RECORDED AS DOCUMENT R2008-123523, FOR CROSS ACCESS AND PARKING OVER AND ACROSS ALL LOTS, EXCEPT THOSE PARTS OCCUPIED OR TO BE OCCUPIED BY BUILDINGS OR OTHER STRUCTURES, FOR VEHICULAR AND PEDESTRIAN INGRESS AND EGRESSS FROM SAID LOTS AND THE PUBLIC STREETS SHOWN THEREON, AND THE PROVISIONS RELATING THERETO.

   NOTATION ON THE PLAT OF SUBDIVISION OF LOCKPORT CROSSINGS SUBDIVISION RECORDED AS DOCUMENT R2008-123523, AS FOLLOWS: LOTS 7 AND 8 ARE TO BE MAINTAINED BY THE LOCKPORT CROSSINGS OWNERS ASSOCIATION

(AFFECTS PARCEL 2)

10. NOTATION ON THE PLAT OF SUBDIVISION OF LOCKPORT CROSSINGS SUBDIVISION RECORDED AS DOCUMENT R2008-123523, AS FOLLOWS:

THERE SHALL BE NO DIRECT ACCESS FROM/TO IL ROUTE 7 FROM LOTS 1, 2, 3, 4 AND 5 WITH THE EXCEPTION OF A FULL ACCESS TO IL ROUTE 7 LOCATED BETWEEN LOT 2 AND LOT 3, ALSO A RESTRICTED RIGHT-IN ONLY ACCESS TO IL ROUTE 7 LOCATED BETWEEN LOTS 4 AND 5.

11. (A) TERMS, PROVISIONS, AND CONDITIONS RELATING TO THE EASEMENT DESCRIBED AS PARCEL 2 CONTAINED IN THE INSTRUMENT CREATING SAID EASEMENT.

(B) RIGHTS OF THE ADJOINING OWNER OR OWNERS TO THE CONCURRENT USE OF SAID EASEMENT.

12. THE FOLLOWING MATTERS AS SHOWN ON THAT CERTAIN PLAT OF SURVEY BY BOCK & CLARK'S NATIONAL SURVEYORS NETWORK, BY JLH LAND SURVEYING INC., DATED FEBURARY 25, 2016, LAST REVISED MARCH 14, 2016, NETWORK PROJECT NO. 201600512.003:

ENCROACHMENT OF THE FENCE LOCATED MAINLY ON THE LAND ON TO PROPERTY EAST AND ADJOINING BY .82 FEET.

Bank of America
Merrill Lynch

May 10, 2019

Illinois Health Facilities and Services Review Board
525 W. Jefferson St, 2nd Floor
Springfield, IL 62761

To Whom It May Concern:

Bank of America has an ongoing banking relationship with DuPage Medical Group, Ltd. and hereby affirms that as of May 9, 2019, DuPage Medical Group has accounts with cash balances in excess of $10,000,000 which are immediately available for funding construction costs (not covered by a tenant improvement allowance), equipment purchases and other capital expenditures associated with the renovation of the medical office building it intends to occupy at 1206 East 9th Street in Lockport, Illinois 60441.

Kind Regards,

Margret A. Smith

Margret Smith
Vice President
Treasury Solutions
Healthcare, Education & Not-for-Profit
Bank of America Merrill Lynch
Bank of America, N.A.
IL4-135-07-12, 135 S. LaSalle St., Chicago, IL 60603
T 312.992.4535 F 312.533.1483
margret.smith@baml.com

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Merrill Lynch

Section VII, 1120.130 Financial Viability
Financial Viability Waiver

This project is not for the establishment of a health care facility or the addition of a category of service. Therefore, financial viability ratios are not required. Further, there will be no debt financed capital costs associated with the project.

Section VII, 1120.140 Financial Viability
Financial Viability Waiver

Because this project will be funded entirely with cash and cash equivalents (operating lease), it qualifies for a financial viability waiver. A copy of the letter from Bank of America evidencing sufficient funds to finance the proposed project is attached as Attachment- 35a.

Attachment-35

Bank of America
Merrill Lynch

May 10, 2019

Illinois Health Facilities and Services Review Board
525 W. Jefferson St, 2nd Floor
Springfield, IL 62761

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Section 1120.140 Economic Feasibility
A. Reasonableness of Financing Arrangements

Attached at Attachment- 36A is a letter attesting that the total estimated project costs will be funded entirely with cash and cash equivalents.

Attachment-36a

DuPage Medical Group
WE CARE FOR YOU

1100 W. 31st Street, Downers Grove, IL 60515 • p 630 469 9200

Richard Sewell, Vice Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Reasonableness of Financing Arrangements

Dear Vice Chair Sewell:

I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 and pursuant to 77 Ill. Admin. Code § 1120.140(a) that the total estimated project costs and related costs will be funded in total with cash and cash equivalents (operating lease).

Sincerely,

Michael V. Pacetti
DuPage Medical Group, Ltd.

Notarization:

Subscribed and sworn to before
me this 6th day of May 2019

Barbara A. Pearlman

Signature of Notary

seal

BARBARA A PEARLMAN
Official Seal
Notary Public - State of Illinois
My Commission Expires Dec 26, 2019

Section VIII, Economic Feasibility Review Criteria
Criterion 1120.140(B), Conditions of Debt Financing

This project will be funded in total with cash and cash equivalents. Accordingly, this criterion is not applicable.

Attachment- 36b

1120.140 Economic Feasibility
C. Reasonableness of Project and Related Costs

The Applicant proposes to renovate a medical office building. The State Board does not have cost standards for projects that do not have an inpatient component or fall into a category of service. Below is a list of the non-reviewable departments:

- Exam and treatment spaces
- Physician offices
- Staff Workspaces and Nurses Stations
- Reception, Waiting and Registration
- Storage and Supplies
- Staff lounge and lockers
- Toilets
- Communication, IT, and Electrical Closets
- Entry and circulation
- Mechanical, Plumbing, Building Support
- Stairs and Elevators
- Administrative spaces and offices

Attachment- 36C

Section 1120.140 Economic Feasibility
D. Projected Operating Costs
E. Total Effect of the Project on Capital Costs

D. Projected Operating Costs (1120.140 (d))
This criterion is applicable to projects or portions thereof that involve hospital-related clinical departments or services, and this project does not involve hospital services.

E. Effect on Capital Cost (1120.140 (e))
This criterion is applicable to projects or portions thereof that involve hospital-related clinical departments or services, and this project does not involve hospital services.

Section IX, Safety Net Impact Statement

This project is non-substantive. Accordingly, this criterion is not applicable.

Charity Care Information

This criterion is not applicable in that the proposed project is a non-substantive MOB.

Attachment-38

POLSINELLI

Via Federal Express

Kara Friedman
(312) 873-3639
kfriedman@polsinelli.com

Mr. Michael Constantino
Supervisor, Project Review Section
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

Re: Application for Permit

Dear Mr. Constantino:

I am writing on behalf of DuPage Medical Group, Ltd ("the Applicant") to submit the attached Application for Permit to modernize space within an unused medical office building located in Lockport, IL exclusively for the purpose of operating a non-hospital affiliated medical practice. For your review, I have attached an original and one copy of the following documents:

1. Check for $2,500 for the application processing fee;
2. Completed Application for Permit;
3. Copies of Certificate of Good Standing of the Applicant; and
4. Authorization to Access Information.

Thank you for your time and consideration of the Applicant's application for permit. If you have any questions or need any additional information to complete your review of the application for permit, please feel free to contact me

Sincerely,

Kara Friedman

Kara M. Friedman

Attachments